

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3246

63-024470

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>41 yrs</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) <b>Baptist Memorial</b>		d. STREET ADDRESS (If outside, give location) <b>1802 East 70 St.</b>	
HOSPITAL OR INSTITUTION		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) <b>Arthur Barton McMahan</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/8/1903</b>	9. AGE (last birthday) <b>60</b>	10. IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>President Brokerage</b>			11. BIRTHPLACE (City and state or country) <b>Lexington, Mo.</b>		
10b. KIND OF BUSINESS OR INDUSTRY <b>WHOLESALE</b>			12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Arthur Lee McMahan</b>			13b. MOTHER'S MAIDEN NAME <b>Carrie Parrish</b>		
14. NAME OF HUSBAND OR WIFE <b>Helen B. McMahan</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>4406 E 63</b>			17. INFORMANT <b>Mrs. Helen McMahan K. C. 32, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
DUE TO (b) <b>Coronary occlusion</b>		<b>5 days</b>
DUE TO (c) <b>Arteriosclerotic cardiovascular disease</b>		<b>UNK</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b> <b>Gastro-intestinal hemorrhage</b>		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:30 P</b> a.m. <b>0</b> p.m. <b>0</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Floral Hills</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	
20g. COUNTY <b>Missouri</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>June 1962</b> to <b>6 June 63</b> and last saw her/him alive on <b>6 June 63</b> Death occurred at <b>11:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>Paul R. Young M.D.</b>	
22b. ADDRESS <b>4406 E 63 Raytown, Mo</b>		22c. DATE SIGNED <b>7 June 63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/8/1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) <b>Kansas City</b>	
23e. STATE <b>Missouri</b>		23f. REGISTRAR'S SIGNATURE <b>Ruth H Long</b>	
24. FUNERAL DIRECTOR <b>Wagner Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>6-8-63</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

Paul R. Young  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Alvin R. Hancock*

Licensed Embalmer No.

*4159*

P. O. Address

*Kansas City MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.